

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/700928	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		(1)				
2		1					52		(1)				
3		2					53		(1)				
4		(1)					54		(1)				
5		(1)					55		(1)				
6		(1)					56		(1)				
7		(1)					57		(1)				
8		(1)					58		(1)				
9		(1)					59		(1)				
10		(1)					60		(1)				
11		(1)					61		(1)				
12		(1)					62		(1)				
13		(1)					63						
14		(1)					64						
15		(1)					65						
16		(1)					66						
17		(1)					67						
18		(1)					68						
19		(1)					69						
20		(1)					70						
21		(1)					71						
22		(1)					72						
23		(1)					73						
24		(1)					74						
25		(1)					75						
26		(1)					76						
27		(1)					77						
28		(1)					78						
29		(1)					79						
30		(1)					80						
31		(1)					81						
32	1						82						
33		1					83						
34		2					84						
35		(1)					85						
36		(1)					86						
37		(1)					87						
38		(1)					88						
39		(1)					89						
40		(1)					90						
41		(1)					91						
42		(1)					92						
43		(1)					93						
44		(1)					94						
45		(1)					95						
46		(1)					96						
47		(1)					97						
48		(1)					98						
49		(1)					99						
50		(1)					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	2	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	62	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	64					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS